

TIME TO ACT AMERICA

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FEC MAIL CENTER
2015 OCT 28 PM 12:05

October 23, 2015

Federal Elections Commission
999 E Street NW
Washington, DC 20463

RE: **Statement of Organization (FEC Form 1) for "TIME TO ACT AMERICA",
a Political Action Committee making Independent Expenditures.**

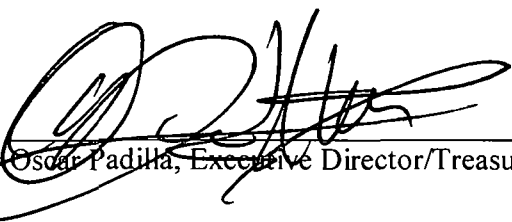
Dear Sir or Madam:

Enclosed is Federal Election Commission ("Commission") Form 1 Statement of Organization for
TIME TO ACT AMERICA.

Consistent with the stipulated judgment in *Carey v. FEC*, this committee intends to establish a
separate bank account to deposit and withdraw funds raised in unlimited amounts from
individuals, corporations, labor organizations, and/or other political committees. The funds
maintained in this separate account will not be used to make contributions, whether direct, in-
kind, or via coordinated communications, or coordinated expenditures, to federal candidates or
committees.

Thank you.

Respectfully submitted



Oscar Padilla, Executive Director/Treasurer

10/27/2015

Encl.

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

TIME TO ACT AMERICA

ADDRESS (number and street)

7620 E McKellips Rd., Ste. 4-255

☐

(Check if address
is changed)

Scottsdale

CITY ▲

AZ

STATE ▲

85257

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

TimeToActAmerica@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.timetoactamerica.org

2. DATE

10 / 23 / 2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

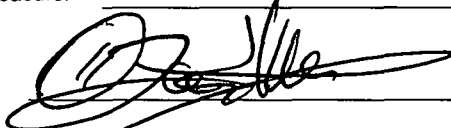
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Oscar Padilla

Signature of Treasurer



Date

10 / 27 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

2011-10-20 10:00:00 AM

Write or Type Committee Name

TIME TO ACT AMERICA

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Oscar Padilla

Mailing Address

7620 E McKellips Rd. Ste. 4-255

Scottsdale

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

602 - 456 - 2188

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Oscar Padilla

Mailing Address

7620 E McKellips Rd. Ste. 4-255

Scottsdale

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

602 - 456 - 2188

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

3123 N. Scottsdale Road

Scottsdale

AZ

85251

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

00111W000 1ND 100N 101110110N

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Post Office To Addressee

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PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

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Postal Service Acct. No.

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Additional merchandise insurance is void if
customer signature is not obtained. Signature
of addressee or addressee's agent (if delivery employee
judges that article can be left in secure location) and
signature of delivery employee's signature constitutes
valid proof of delivery.

NO DELIVERY
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Mailing Signature

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Federal Elections
COMMISSIONS
999 E Street NE
Washington DC

20463 +

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ORIGIN (POSTAL SERVICE USE ONLY)		Postage		Return Receipt Fee	
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Ste 4-255
Scottsdale AZ

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Federal Election Commission
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 10/27/15
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER
(3/2015)

10/28/15
DATE PREPARED

NOTHING ON BOTTOM